DLN: 93493207006252

2021

OMB No. 1545-0047

Form 990	990 •J
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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2021 ca	elendar year, or tax year beginning 04-01-2021 ,and ending 03-3	1-2022			
	ck if ap dress cl	plicable:	C Name of organization CASA JUAN DIEGO				tification number
	me cha				76-000	3018	
	tial retu		Doing business as				
	al return/ nended	terminated/ return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telephor	ne numb	er
		n pending	PO BOX 70113		(713) 8	69-737	76
_			City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 772700113		<b>G</b> Gross re	ceipts \$	3,223,288
			F Name and address of principal officer:	H(a) Is	this a group re		
			LOUISE ZWICK		ubordinates?	tuili 10	' □Yes ☑No
			4919 ROSE HOUSTON, TX 77007	<b>Н(b)</b> А	re all subordinat	tes	☐ Yes ☐No
I Ta	x-exem	pt status:	☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		icluded? "No," attach a	list. Se	
) W	ebsite	e:► WW	W.CJD.ORG	H(c) G	roup exemption	numbe	er 🕨
<b>K</b> Forr	n of org	ganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year of f	formation: 1981	M Stat	te of legal domicile: TX
D	art I	Sumr	mary				
	<b>1</b> Bi	riefly des	cribe the organization's mission or most significant activities: SHELTER & SERVICES TO THE POOR				
)Ce	=	NOVIDE S	STEETER & SERVICES TO THE POOR				
nar	-						
Governance	,	Check this	s box $ ightleftarrow$ If the organization discontinued its operations or disposed of r	nore than	25% of its net a	ssets	
ى ت	3 1	Number o	f voting members of the governing body (Part VI, line 1a)			. Зэсгэ.	3   13
<b>න්</b> ග	4 1	Number o	f independent voting members of the governing body (Part VI, line 1b) .			4	13
Activities &	5 1	Total num	ber of individuals employed in calendar year 2021 (Part V, line 2a)			5	5 0
Ě	6 7	Total num	ber of volunteers (estimate if necessary)			e	5 50
ĕ	7a ⊺	Total unre	elated business revenue from Part VIII, column (C), line 12		7	<b>a</b> 0	
	b≀	Vet unrela	ated business taxable income from Form 990-T, Part I, line 11			7	<b>b</b> 0
					Prior Year		Current Year
đ	8 (	Contributi	ons and grants (Part VIII, line 1h)		2,802,	320	3,221,817
Ravenue	l	-	service revenue (Part VIII, line 2g)		0	(	
Αŝ	l		nt income (Part VIII, column (A), lines 3, 4, and 7d) . . . .	1,	599	1,471	
	l		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	(
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,803,	_	3,223,288
	ı		d similar amounts paid (Part IX, column (A), lines 1–3 )		1,556,	-	1,937,239
	l		aid to or for members (Part IX, column (A), line 4)			0	(
93			other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	(	
Ě			nal fundraising fees (Part IX, column (A), line 11e)			0	(
Expenses	l		aising expenses (Part IX, column (D), line 25) ▶0				500.000
_	l		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		460,	-	592,992
	l		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,017,	-	2,530,23
	19 1	kevenue i	less expenses. Subtract line 18 from line 12	Regin	786, ning of Current Y	-	693,057 End of Year
Net Assets or Fund Balances				begiiii	illing of current i	Cai	Life of Teal
SSe	20 7	Total asse	ets (Part X, line 16)		2,713,	900	3,406,957
절	21 7	Total liabi	lities (Part X, line 26)			0	(
žZ	22 1	Vet asset	s or fund balances. Subtract line 21 from line 20		2,713,	900	3,406,957
	rt II		ature Block				
			erjury, I declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than offi				
	nowled		, 10 10 10 10 10 10 10 10 10 10 10 10 10				
		*****			2022-07-12		
Sign		Signatu	re of officer		Date		
Here		LOUISE	ZWICK PRESIDENT				
			print name and title				
		Pr	int/Type preparer's name Preparer's signature	Date		PTIN	
Paid	t				Check L if self-employed	P004750	060
	pare	r Fi	rm's name ► GRIFFING & COMPANY PC		Firm's EIN ► 76	-023369	5
	Onl	H	rm's address ▶ ONE SUGAR CREEK CTR BLVD STE 650		Phone no. (281)	491-886	56
		·   ' '	SUGAR LAND, TX 77478		(201)		
	L		,		<u> </u>		1v 🗆
May t	ne IRS	discuss	this return with the preparer shown above? (see instructions)			~	Yes 🗆 No

Form	990 (2021)					Page <b>2</b>							
Pa	rt III Statement	of Program Servi	e Accomplis	hments									
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗹							
1	Briefly describe the	organization's mission:											
PRO	/IDING SHELTER AND	SERVICES TO THE POO	DR.										
2	Did the organization	undertake any significa	ant program ser	vices during the year whi	ich were not listed on								
	the prior Form 990 or 990-EZ?												
	If "Yes," describe these new services on Schedule O.												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?												
	If "Yes." describe the	ese changes on Schedu	le O.										
4	Describe the organiz Section 501(c)(3) ar	ation's program service	accomplishmer	to report the amount of	argest program services, as meas grants and allocations to others,								
4a	(Code:	) (Expenses \$	1,678,220	including grants of \$	1,678,220 ) (Revenue \$	)							
	See Additional Data												
4b	(Code:	) (Expenses \$	438,579	including grants of \$	) (Revenue \$	)							
	See Additional Data												
4-	(Code:	) (Expenses \$	77.725	including grants of \$	) (Revenue \$	)							
4c	•	, (	, . = -	including grants or \$	) (Revenue \$	)							
4C	See Additional Data	, (	,.	including grants or \$	) (Kevenue \$								
4c	See Additional Data (Code:	) (Expenses \$	259,019	including grants of \$	259,019 ) (Revenue \$								
<b>4</b> c	(Code: SPECIFIC ASSISTANCE DAILY TO INDIVIDUALS	) (Expenses \$ TO INDIVIDUALS:FOOD AS S AND FAMILIES.TRAVEL AS ATION PAPERWORKSTAFF	259,019 SSISTANCE - ALL G SSISTANCE - BUS,	including grants of \$ SUESTS AND LIVE IN STAFF A TAX, AUTOMOBILE, AND AIR		) DOCERIES ARE DISTRIBUTED CE, THE COST OF LEGAL							
4c	(Code: SPECIFIC ASSISTANCE DAILY TO INDIVIDUALS SERVICES AND IMMIGR FINANCIAL ASSISTANC	) (Expenses \$ TO INDIVIDUALS:FOOD AS S AND FAMILIES.TRAVEL AS ATION PAPERWORKSTAFF	259,019 SSISTANCE - ALL G SSISTANCE - BUS, DEVELOPMENT & E	including grants of \$ SUESTS AND LIVE IN STAFF A TAX, AUTOMOBILE, AND AIR	259,019 ) (Revenue \$ ARE FED 3 MEALS DAILY, BAGS OF GRO FARE.RENT AND UTILITIES ASSISTANC	) DOCERIES ARE DISTRIBUTED CE, THE COST OF LEGAL							
_	(Code: SPECIFIC ASSISTANCE DAILY TO INDIVIDUALS SERVICES AND IMMIGR FINANCIAL ASSISTANC	) (Expenses \$ TO INDIVIDUALS:FOOD AS AND FAMILIES.TRAVEL AS ATION PAPERWORKSTAFF E.  ces (Describe in Sched	259,019 SSISTANCE - ALL G SSISTANCE - BUS, DEVELOPMENT & E	including grants of \$ BUESTS AND LIVE IN STAFF A TAX, AUTOMOBILE, AND AIR EDUCATIONCASA JUAN DIEG	259,019 ) (Revenue \$ ARE FED 3 MEALS DAILY, BAGS OF GRO FARE.RENT AND UTILITIES ASSISTANC	) DOCERIES ARE DISTRIBUTED CE, THE COST OF LEGAL							

Part IV

16

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18

19

**Checklist of Required Schedules** 

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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16

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18

19

20a

20b

21

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments	14b		No

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

m	990 (2021)			Page
⊃ar	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
•	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
•	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
•	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   10		Yes	No

1b

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).	_	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
a	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
D	against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
			- 000 (2024

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to	
lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	<b>✓</b>

Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI									
Se	ction	A. Governing Body and Management								
				Yes	No					
1a	Enter	the number of voting members of the governing body at the end of the tax year 13								
	body	re are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.								
b	b Enter the number of voting members included in line 1a, above, who are independent  1b 13									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did t	he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did t	he organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did t	he organization have members or stockholders?	6		No					
7a	Did tl mem	he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No					
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No					
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:								
а	The c	poverning body?	8a	Yes						
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se		<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code	e.)						
				Yes	No					
10a	Did tl	he organization have local chapters, branches, or affiliates?	10a		No					
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes						
b	Desci	ribe on Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did t	he organization have a written conflict of interest policy? If "No," go to line 13	12a		No					
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b							
c		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on dule O how this was done</i>	12c							
13	Did tl	he organization have a written whistleblower policy?	13		No					
14	Did tl	he organization have a written document retention and destruction policy?	14		No					
15		ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	-	organization's CEO, Executive Director, or top management official	15a		No					
ь	Other	r officers or key employees of the organization	15b		No					
		es" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?									
b	in joi	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b							
Se	ction	C. Disclosure								
17		he states with which a copy of this Form 990 is required to be filed▶								
18		on 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								

Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: STEPHEN LUCAS 1843 HEWITT DR HOUSTON, TX 77018 (281) 413-9733

Part VII

(F)

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

(C)

(D)

(E)

See the instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Name and title	Average hours per week (list any hours		ne b	ox, ι in of	unle: ficer	ss pers	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
1) LOUISE YARIAN ZWICK DIRECTOR	60.00	х						0	0	0	
2) JOACHIM ZWICK VICE PRESIDENT	8.00			x				0	0	0	
3) DAWN MCCARTY ECRETARY	8.00			x				0	0	0	
4) STEPHEN LUCAS REASURER	8.00			x				0	0	0	
										E 000 (2021)	
										Form <b>990</b> (2021)	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	<b>(A)</b> Name and title	Name and title  Average hours per week (list any hours for relate)  Average hours per week (list any hours for relate)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)					Reportable compensation from related organizations	,	(F) Estima amount o compens from t	ited f other sation the				
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		71099- 099-NEC)	(W-2/1099- MISC/1099-NE		organizati relate organiza	ed
												+		
												+		
												$\top$		
												_		
							<u> </u>					$\perp$		
<b>c</b> 1	Sub-Total Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Section	Α.				<b>*</b>			0		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> cline 1a? <i>If "Yes," complete Schedule 3</i>									npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the	Ť		
	individual	-	• •	•	•	•	·		·	• •		4		No
5	Did any person listed on line 1a receiv services rendered to the organization											5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization. Report comper											npens	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C) Compen	
												$\dashv$		
												_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part		Statement	of E	Pavanua						rage 3
ran	VIII	<del></del>			recn	onse or note to ar	ny line in this Part VIII			П
		CHECK II JUNE	aure	O contains a	1630	onse of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	gns		1a			revenue		312 - 314
Grants mounts		Membership dues		<u> </u>	1b					
ية ع	c Fundraising events   1c									
S, G		Related organization		-	1d					
豐富		Government grants (								
s.(				·	1e					
ien S	ľ	All other contributions and similar amounts			1f	3,221,817				
흁	a	above Noncash contributions	s incl	uded in	T					
Contributions, Gifts, Grants and Other Similar Amounts	_	lines 1a - 1f:\$		L	<b>1</b> g					
ē Š	h	Total. Add lines 1a	a-1f			▶	3,221,817			
						Business Code				
	2a									
an a										
Ve V	Ь	•								
æ										
ΑĊ	c									
3	۱ ۵	ı								
an										+
Program Service Revenue	e	<b>;</b>								
Δ	_ ا	All others was supposed		.i						
	l	All other program								
		Total. Add lines 2						T	T	1
	3	Investment income similar amounts)	(inc	iuaing aivia	enas, •	interest, and othe	1,47	1,471	ı	
	4	Income from invest	mer	nt of tax-exe	mpt b	ond proceeds	•			
	5	Royalties					<u> </u>			
				(i) Rea	al	(ii) Personal	$\dashv$			
	6a	Gross rents	6a							
	ь	Less: rental	6b							
	_	expenses Rental income	- O.D			+	$\dashv$			
		or (loss)	6с							
	ď	Net rental income	or							
				(i) Secur	ities	(ii) Other	$\dashv$			
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	ь	Less: cost or other basis and	7b							
		sales expenses								
	c	Gain or (loss)	7c							
	١,	Net gain or (loss)	٠.			· · · •				
a)	<b>8</b> a	Gross income from fu	ındra	-						
ž		(not including \$ contributions reported	d on	line 1c).						
eve		See Part IV, line 18	•		8a					
æ	ı	Less: direct expen			8b					
Other Revenue	ľ	Net income or (los	s) fr	rom fundrais	ing ev	rents •				
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19			9a					
	ı	Less: direct expen			9b					
	ľ	Net income or (los	s) fr	rom gaming	activit	ies	_			
	10	aGross sales of inve	ento	ry, less						
		returns and allowa	nce	s	<b>10</b> a					
	t	Less: cost of good	s so	ld	10b	1				
	۲	Net income or (los Miscellaneo			inven	tory ▶ Business Code	.			
	11		us R	evenue		Business Code	<u>-</u>			
	l t	·								
	, ا						+			1
	۱ ,	All other revenue					1			1
	•	Total. Add lines 1	1a-:	11d		•				1
	12	<b>? Total revenue.</b> S	ee ir	nstructions			2 222 22	29 4 47-		0 0
							3,223,28	1,471	-1	0 Form <b>990</b> (2021)

orn	n 990 (2021)				Page <b>10</b>
Pa	Statement of Functional Expenses		All II		(4)
	Section 501(c)(3) and 501(c)(4) organizations must contain the section 501(c)(4) organization 501(c)(4) o	•		-	
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,937,239	1,937,239		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
	Other salaries and wages				
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	263,970	263,970		
17	Travel	27,014		27,014	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	174,609	174,609		
23	Insurance	49,674		49,674	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a POSTAGE & SHIPPING	51,832	51,832		
	b PRINTING & PUBLICAIONS	24,694	24,694		
	c CJD.ORG WEBSITE	1,199	1,199		
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,530,231	2,453,543	76,688	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720).				

1.117.135

1.990.345

299,477

3.406.957

0

1,927,122

1,479,835

3,406,957

3,406,957

Form **990** (2021)

End of year

Beginning of year

940.792

1.444.797

328,311

2.713.900

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2

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9

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> 12 13

14

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17

18

19

20

21

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23 24

25

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31

32

33

0 29

1,927,122

2,713,900

2,713,900

786,778

Page **11** 

Cash-non-interest-bearing . . . .

Savings and temporary cash investments .

Inventories for sale or use .

Prepaid expenses and deferred charges .

Accounts payable and accrued expenses .

3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	6	
7	Notes and loans receivable, net	7	

Accort	Assets

17

18

19

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ö 29

Assets

Grants payable

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

10a Land, buildings, and equipment: cost or other 2,070,763 10a basis. Complete Part VI of Schedule D 10b 1,771,286 b Less: accumulated depreciation 11 Investments-publicly traded securities . 12 Investments-other securities. See Part IV, line 11 . 13 Investments-program-related. See Part IV, line 11 14 Intangible assets . . . 15 Other assets. See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Check if Schedule O contains a response or note to any line in this Part IX . . . . .

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

#### Additional Data

Software ID: Software Version:

**EIN:** 76-0003018

Name: CASA JUAN DIEGO

Form 990 (2021)

Form 990, Part III, Line 4a: MEDICAL ASSISTANCE - MONEY GIVEN TO SICK AND INJURED INDIVIDUALS AND TO PERSONAL CAREHOME PROVIDERS TO ASSIST WITH RENT AND PERSONAL CARE. PRESCRIPTION MEDICATIONS AND MEDICAL SUPPLIES PROVIDED. TWO MEDICAL CLINICS STAFFED WITH VOLUNTEER DOCTORS. NURSES AND DENTISTS. THE COST COVERED FOR OTHER DOCTOR VISITS, CLINIC AND LABS. THE COST COVERED FOR PROSTHESES AND SPECIAL SHOES FOR DIABETIC AND ORTHOPEDIC PATIENTS. THE COST COVERED FOR EYE AND HEARING ASSISTANCE.

Form 990, Part III, Line 4b: LAND & BUILDINGS FOR OCCUPANCY FUNCTIONS: ACCEPTANCE, HOUSING, KITCHEN AND DINING FACILITIES, CLOTHING, CLASSROOMS, MEDICAL AND DENTAL CLINICS. APPROXIMATELY 100 GUESTS ARE HOUSED AND FED DAILY.

# Form 990, Part III, Line 4c: PUBLISHING & DISTRIBUTING A COMMUNITY PAPER: THE COST OF PUBLISHING AND MAILING FOUR EDITIONS OF THE "HOUSTON CATHOLIC WORKER" PAPER.

APPROXIMATELY 65,000 COPIES PER EDITION. NO MONEY IS CHARGED FOR RECEIVING THE PAPER.

efil	e GR	APHIC prii	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493207006252
SCHEDULE A (Form 990) Con Department of the Treasury				Public Charity Status and Public Suppo Complete if the organization is a section 501(c)(3) organization or 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.			r a section	OMB No. 1545-0047  2021  Open to Public	
Interna	al Reven	nue Service	<b>F</b> G	io to <u>www.irs</u>	s.gov/Form990 for i	nstructions and	the latest into	ormation.	Inspection
	e of the	he organiza	tion					Employer identific	ation number
								76-0003018	
	rt I				<b>us</b> (All organization it is: (For lines 1 thro			See instructions.	
1	n gannz		•		ssociation of churches			(A)(i)	
2					1)(A)(ii). (Attach Sci			(~)(-)	
3						-			
4					vice organization desc				u ka u kla a Janau Sea Ha
4	П	name, city,		lization operat	ed in conjunction with	a nospital descri	ped in section :	170(B)(1)(A)(III). E	nter the nospital's
5			ation operated (iv). (Complete		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	<b>✓</b>			mally receives vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	ınit or from the gener	al public described in
8					170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				ege or university or a
10		from activit	ies related to income and u	its exempt fur Inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (k amplete Part III.)	tain exceptions, a	and (2) no more	than 33 1/3% of its s	
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> s the type of supportin	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
a		organizatio	n(s) the powe		rated, supervised, or cappoint or elect a majo				
b		Type II. A manageme	supporting or nt of the supp	ganization sup	ervised or controlled i ation vested in the sar				
c					supporting organizatio ions). <b>You must com</b>				ted with, its
d		Type III n functionally	on-functional	ally integrate he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	ization operated fy a distribution i	in connection wi requirement and	th its supported organ	` '
е		Check this	box if the orga	anization recei	ved a written determing integrated supporting	nation from the II		pe I, Type II, Type II	I functionally
f	Enter					-		<u> </u>	
g	Provi	ide the follow	ing informatio	n about the su	pported organization(				
	organization   organization   in your governing document?   monetary supp		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
						Yes	No		
Tota									
Tota		work Reduc	tion Act Noti	ce, see the Ti	 nstructions for	Cat. No. 11285	<u> </u>	Schedule	A (Form 990) 2021

SCI	ledule A (FOITH 990) 2021						Page Z
	Part II Support Schedule for 0	Organizations [	Described in Se	ctions 170(b)	(1)(A)(iv) and	d 170(b)(1)(A)	(vi)
	(Complete only if you che						
	If the organization failed	to qualify under	the tests listed	below, please c	omplete Part II	I.)	
_	Section A. Public Support			· · ·	<u> </u>		
_	Calendar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) Tabal
	(or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2,440,217	1,623,106	1,864,020	2,802,320	3,221,817	11,951,480
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,440,217	1,623,106	1,864,020	2,802,320	3,221,817	11,951,480
5	The portion of total contributions by	=, : : : , = : :	-,,	-,,	_,,	-,,	,,
_	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	<b>B</b> • • • • • • • • • • • • • • • • • • •						
6	<b>Public support.</b> Subtract line 5 from line 4.						11,951,480
_							
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7		2,440,217	1,623,106	1,864,020	2,802,320	3,221,817	11,951,480
8		2,110,227	1,025,100	2,00-1,020	2,002,020	5,221,017	11,551,100
0	dividends, payments received on						
	securities loans, rents, royalties and	2,646	92,367	9,697	1,599	1,471	107,780
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on.						
40	Other income De not include gain						

	amount shown on line 11, column (f)							
	Public support. Subtract line 5 from line 4.						11,951,48	
_s	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	2,440,217	1,623,106	1,864,020	2,802,320	3,221,817	11,951,48	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,646	92,367	9,697	1,599	1,471	107,78	
10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain							
11	or loss from the sale of capital assets (Explain in Part VI.).  Total support. Add lines 7 through						12,059,26	
	10	( in-to-otio					12,000,20	
12						12		
13	First 5 years. If the Form 990 is for t	-			•	· / ·	ation, check	
	this box and <b>stop here</b>					▶⊔		
	ection C. Computation of Public	• • •						
14	Public support percentage for 2021 (lin	ne 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.110 <sup>c</sup>	
15	Public support percentage for 2020 Sci	, ,				15	98.960 °	
<b>16</b> a	33 1/3% support test—2021. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% o	r more, check this l	oox	
ь	and stop here. The organization quali 33 1/3% support test—2020. If th						this	
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						

Sche	dule A (Form 990) 2021						Page <b>3</b>
P	art III Support Schedule for						
	(Complete only if you c						under Part II. If
_	the organization fails to	qualify under t	ne tests listed l	pelow, please co	omplete Part II.	)	
	ection A. Public Support						<u> </u>
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2							
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support						
	Calendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	(f) Total
_	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(0, 200	(1)
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on.						
12							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	, fourth, or fifth t	ax year as a secti	on 501(c)(3	) organization,
	check this box and <b>stop here</b>	-					
	ection C. Computation of Public S			<u> </u>			
15	Public support percentage for 2021 (lin			column (f))		15	
	Public support percentage from 2020 S						
16						16	
	ection D. Computation of Investi						
17	Investment income percentage for 202					17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2021. If the	organization did r	ot check the box	on line 14, and lir	e 15 is more than	1 33 1/3%, a	nd line 17 is not
	more than 33 1/3%, check this box and s						
h	33 1/3% support tests—2020. If the	organization did	not check a box	on line 14 or line	19a, and line 16 is	more than	33 1/3% and line 18 is
	not more than 33 1/3%, check this box						
20		=	_				_
	Private foundation. If the organization	on ala not check a	DOX OF TIME 14, 1	ya, or 19b, check	this box and see		▶ ⊔ • A (Form 990) 2021

7

8

10a

5с

6

7

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Part IV	Supporting Organizations
	(Complete only if you checked a
	box 12b, of Part I, complete Sect

12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Ves No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes, 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

5a and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

P	art IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c					
5	Section B. Type I Supporting Organizations						
			Yes	No			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		<del></del>			
_	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization.	2					
5	Section C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
	Section D. All Type III Supporting Organizations		Yes	No			
	Did the consciention and the contraction and according to the last describe COL court of the contraction of						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
_	Downson of the collection detailed in the 2 days of the beauty and the constant of the collection of t	2		<del></del>			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3					
5	Section E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):					
	a						
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.						
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a					
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h					

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see		

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

e Excess from 2021. . . . .

Schedule A (Form 990) (2021)

1

Page **7** 

2	Amounts paid to perform activity that directly furthers excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )	1	5	
6	Other distributions (describe in Part VI). See instructio	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	sive ( <i>provide</i>	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)  (i)  Underdistribut Pre-2021		ons	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
<b>b</b> From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
Applied to underdistributions of prior years			

See instructions.		
3 Excess distributions carryover, if any, to 2021:		
a From 2016		
<b>b</b> From 2017		
c From 2018		
d From 2019		
e From 2020		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2021 distributable amount		
<ul> <li>Carryover from 2016 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2021 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2021 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
F. Donnelisian and adjustituding for a second adjustituding		

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2021 distributable amount		
<ul> <li>Carryover from 2016 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2021 from Section D, line 7:		
\$		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2021 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2022. Add lines		

2021, if any. Subtract lines 3g and 4a from line 2.  If the amount is greater than zero, explain in <b>Part VI</b> .  See instructions.		
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2017		
<b>b</b> Excess from 2018		
c Excess from 2019		
d Excess from 2020		

Schedule A (	Form 990) 2021 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

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OMB No. 1545-0047

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury

(Form 990)

Na	me of the organization	101 mstructions and the latest more	Employer identification number
CAS	5A JUAN DIEGO		76-0003018
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		I
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes	s" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organ		
•	Preservation of land for public use (e.g., recreation		historically important land area
			, ,
	☐ Protection of natural habitat	☐ Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a casement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservation	n easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monitoring, inspection, handling o	of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the	ervation easements in its revenue and expen	se statement, and
	the organization's accounting for conservation easement	ts.	
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes		er Similar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial stateme	ic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:		
(	(i) Revenue included on Form 990, Part VIII, line $1 \ \ldots \ \ldots$		<b>&gt;</b> \$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1	-	▶\$
b	Assets included in Form 990, Part X		·

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2021

Par	ŧЩ	Organizations Maintaining Co	ollections o	f Art, Histo	rical T	reası	ires, or	Other	Similar As	ssets (cont	inued)	
3		the organization's acquisition, accessi (check all that apply):	on, and other	records, chec	k any of	the fo	llowing t	hat are a	significant u	ise of its col	lection	
а		Public exhibition		d		Loan	or excha	ange prog	ırams			
b		Scholarly research		е	. 🗆	Othe	r				****	
С		Preservation for future generations										
4	Provid Part X	le a description of the organization's c (III.	ollections and	explain how t	they furt	her the	e organiz	ation's e	kempt purpo	se in		
5		g the year, did the organization solicit s to be sold to raise funds rather than								☐ Yes	□ N	0
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		on Form 99	90, Part	: IV, li	ne 9, oı	r reporte	ed an amou			
<b>1</b> a		organization an agent, trustee, custo ed on Form 990, Part X?								☐ Yes	□ N	o
b	If "Ve	s," explain the arrangement in Part XI	II and comple	te the followi	na table		1		Δ	mount		_
c		ning balance	•		-		ŀ	1c				_
d	-	ons during the year						1d				_
е		outions during the year					- 1	1e				_
f		g balance					1	1f				_
2a	Did th	e organization include an amount on l	Form 990, Par	t X, line 21, fo	or escrov	w or cu	stodial a	ccount lia	ability?	☐ Yes	□ N	— о
b	If "Ye	s," explain the arrangement in Part XI	II. Check here	if the explan	ation ha	s been	provided	d in Part )	XIII			
Pa	rt V	Endowment Funds.										
		Complete if the organization and										
1-	Roginni	ing of year balance	(a) Curren	t year (b	) Prior ye	ar	(c) ⊺wo y	ears back	(d) Three ye	ars back (e)	Four year	rs back
	-	utions				-+						
		estment earnings, gains, and losses				-+						
		or scholarships				$\rightarrow$						
	Other e	expenditures for facilities organis										
f	Adminis	strative expenses										
g	End of	year balance										
2	Provid	le the estimated percentage of the cu	rent year end	balance (line	1g, colu	ımn (a	)) held a	s:				
а	Board	designated or quasi-endowment <b>&gt;</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
b	Perma	anent endowment ►										
С	Term	endowment ►										
	The p	ercentages on lines 2a, 2b, and 2c sho	ould equal 100	1%.								
3а		ere endowment funds not in the poss ization by:	ession of the o	organization tl	hat are h	neld an	d admini	istered fo	r the		Yes	No
	<b>(i)</b> Ur	related organizations								3a(i)		
		elated organizations								3a(ii)		
		s" on 3a(ii), are the related organizati								3b		
4		ibe in Part XIII the intended uses of th		n's endowmer	nt funds.							
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization and		on Form 9	90. Parl	IV. li	ne 11a	See Foi	rm 990. Pa	rt X. line 1	0.	
	Descri	otion of property (a) Cost or a (investre	other basis	(b) Cost or oth							ook value	е
1a	Land				2	89,991						289,991
	Building				7	57,000			755,508			1,492
		old improvements							-			*
		ent					<del>                                     </del>					

7,994

299,477

1,015,778

1,023,772

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

,	Investments - Other Securities.				rage 3
	Complete if the organization answered "Yes" on Form 990, F	Part IV,	line 11b.See Fo		
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book	Cost	(c) Method of val	
		value			
	l derivatives		+		
(3)Other					
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)		+		
Part VIII	Investments - Program Related.				
	Complete if the organization answered 'Yes' on Form 990, F  (a) Description of investment	Part IV,	(b) Book value		, line 13. od of valuation:
	(a) Description of Investment		(b) book value		f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	١			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, P.	art IV,	line 11d. See For	m 990, Part X, line	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities.				
1.	Complete if the organization answered 'Yes' on Form 990, P.  (a) Description of liability		line 11e or 11f.S	see Form 990, P	(b) Book value
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>	
	or uncertain tax positions. In Part XIII, provide the text of the footnot				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check l	nere if th	ie lext of the footr	iote has been prov	/ided iii Part XIII L

Return Reference

1

Total revenue, gains, and other support per audited financial statements . . .

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	]	
C	Recoveries of prior year grants	2c	]	
d	Other (Describe in Part XIII.)	2d	]	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b	]	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		Return	ı <b>.</b>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	5	
Pa	t XIII Supplemental Information			

Explanation

Schedule D (Fo	rm 990) 2020		Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	

Schedule D (Form 990) 2021

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I **Grants and Other Assistance to Organizations,** (Form 990)

# Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493207006252

Open to Public

Inspection

Internal Revenue Service Name of the organization						Employer identifica	ation number
CASA JUAN DIEGO						76-0003018	adon number
Part I General Inform	ation on Grants	and Assistance				I	
	to award the grants anization's procedur Assistance to Dom	or assistance? res for monitoring the us	se of grant funds in the U	nited States.		ce, and " on Form 990, Part IV, line	☐ Yes ☑ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of sect</li><li>3 Enter total number of other</li></ul>		_					

Department of the

Treasury

Schedule I (Form 990) 2021

(6)

(7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN	: 93493207006252
SCHEDUL (Form 990)  Department of the T Internal Revenue Se	90 or 990-EZ cific questions on information.	OMB No. 1545-0047  2021  Open to Public Inspection	
Name of the org CASA JUAN DIEGO 990 Schedul		76-0003018	ification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	LOUISE YARIAN ZWICK IS THE MOTHER OF JOACHIM ZWICK.		

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990. PART VI, SECTION C. LINE 19